| For official use only: |              |
|------------------------|--------------|
| Customer Name          | Customer No. |

PD F 2778 E Department of the Treasury Bureau of the Public Debt (Revised December 2001)

## **CERTIFICATION ATTACHMENT**

## Attached to and made a part of Form:

| Certifying Officer – The individuals must sign   | in your presence. Comp                  | lete the certification and affix ye   | our stamp or seal.              |
|--|---|---|---------------------------------|
| I CERTIFY that   |   | , whose identity is wel   | II-known or proved              |
| to me, personally appeared before me this  | day of                                  | (Month)   | (Year)                          |
| at(City) (State)   | _ , and signed this form.               | (Month)   | (1641)                          |
| (OFFICIAL STAMP<br>OR SEAL)  |   | (Signature and title of certifying officer)   |                                 |
|  |   | (Street address)  |                                 |
| My commission expires (For notaries only)  | (City)                                  | (State)   | (ZIP Code)                      |
| I CERTIFY that   |   | , whose identity is wel   | II-known or proved              |
| to me, personally appeared before me this  | day of                                  | (Month)   | ,<br>(Year)                     |
| at(City) (State)   | _ , and signed this form.               | (MOIIII)  | (1331)                          |
| (OFFICIAL STAMP<br>OR SEAL)  |   | (Signature and title of certifying officer)   | _                               |
|  |   | (Street address)  |                                 |
| My commission expires (For notaries only)  | (City)                                  | (State)   | (ZIP Code)                      |
|  |   |   |                                 |
| I CERTIFY that   |   | , whose identity is wel   | II-known or proved              |
| I CERTIFY that to me, personally appeared before me this   | day of                                  |   | ,                               |
| to me, personally appeared before me thisat  | day of                                  |   | II-known or proved (Year)       |
| to me, personally appeared before me this  at  (City) (State)  |   |   | ,                               |
| to me, personally appeared before me this  at  |   | (Month)   | ,                               |
| to me, personally appeared before me this  at  (City) (State)  |   | (Month)  (Signature and title of certifying officer)  | ,                               |
| at(City) (State)  (OFFICIAL STAMP OR SEAL)  My commission expires  | , and signed this form.                 | (Signature and title of certifying officer)  (Street address)   | (Year) ,                        |
| at(City) (State)  (OFFICIAL STAMP OR SEAL)  My commission expires(For notaries only)   | , and signed this form.                 | (Signature and title of certifying officer)  (Street address)  (State)  , whose identity is well          | (ZIP Code)  (Il-known or proved |
| to me, personally appeared before me this  at  (City) (State)  (OFFICIAL STAMP OR SEAL)  My commission expires  (For notaries only)  I CERTIFY that to me, personally appeared before me this                                      | , and signed this form.  (City)         | (Month)  (Signature and title of certifying officer)  (Street address)  (State)                           | (Year) ,                        |
| to me, personally appeared before me this  at  (City) (State)  (OFFICIAL STAMP OR SEAL)  My commission expires  (For notaries only)  I CERTIFY that to me, personally appeared before me this  at                                  | , and signed this form.  (City)  day of | (Signature and title of certifying officer)  (Street address)  (State)  , whose identity is well          | (ZIP Code)  (Il-known or proved |
| to me, personally appeared before me this  at  (City) (State)  (OFFICIAL STAMP OR SEAL)  My commission expires  (For notaries only)  I CERTIFY that to me, personally appeared before me this  at  (City) (State)  (OFFICIAL STAMP | , and signed this form.  (City)  day of | (Month)  (Signature and title of certifying officer)  (Street address)  (State)  , whose identity is well | (ZIP Code)  (Il-known or proved |